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CONFIRMATION NO. 5297

<b>SERIAL NUMBER</b> 10/526,685	<b>FILING OR 371(c) DATE</b> 03/03/2005 <b>RULE</b>	<b>CLASS</b> 433	<b>GROUP ART UNIT</b> 3732	<b>ATTORNEY DOCKET NO.</b> ERT 204	
<b>APPLICANTS</b> Alfred Schaffner, Mezzovico, SWITZERLAND; <b>** CONTINUING DATA **</b> This application is a 371 of PCT/EP03/09741 09/03/2003 <b>** FOREIGN APPLICATIONS **</b> GERMANY 102 40 683.9 09/04/2002 <b>** SMALL ENTITY **</b>					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Verified and Acknowledged <i>Handwritten Signature</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> SWITZERLAND	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 7	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> Horst M Kasper 13 Forest Drive Warren, NJ 07059					
<b>TITLE</b> Dental matrix retainer					
<b>FILING FEE RECEIVED</b> 450	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		